Provider Agreements

Each regional office has a person assigned to create and maintain provider agreements. This person is referred to as the Provider Agreement Specialist. Duties of the Specialist consist of answering inquiries of prospective providers, creating new agreements, and completing yearly desk reviews for on-going provider agreements.

Contacts

| Region | Contact(s) | e-mail | <u>phone</u> |
|----------------------|------------------|-------------------------------------|-------------------|
| East Region | Rhonda Deters | Rhonda.Deters@ks.gov | 785-296-8710 |
| | Corey Riley | Corey.Riley@ks.gov | 785-296-7738 |
| | Bob Byers | Robert.Byers@ks.gov | 785-296-4496 |
| Kansas City Region | Vicky Meyers | | 913-826-7529 |
| | Jennifer Goodman | DCF.KCRPPSProviderAgreements@ks.gov | 913-826-7573 |
| | Pam Hahn | | 785-832-3753 |
| West Region | Amy Clark | Amy.Clark@ks.gov | 785-826-8000 x253 |
| | Kathy Gummert | Kathy.Gummert@ks.gov | 785-826-8000 x244 |
| Wichita Region | Jill Dixon | Jill.Dixon@ks.gov | 316-337-6672 |
| | Toni Harryman | Toni.Harryman@ks.gov | 316-337-6340 |
| | Racheal Sain | Racheal.Sain@ks.gov | 316-337-6146 |
| DCF Administration – | | | |
| Permanency Program | (vacant) | temporary contact: Sharri Black | 785-296-5120 |
| Administrator | | | |

New provider agreements are initiated, maintained, and monitored by the Specialist in the region in which the headquarters of the provider resides (region site map: http://dcfnet.dcf.ks.gov/Offices/Pages/default.aspx). Provider agreements are needed for professional services and placement types and are a contractual agreement between the provider and DCF for specific professional services or placement types at an agreed upon cost. It is a general agreement, not specific to any particular client, and not a guarantee that the provider's

The development of a Provider Agreement may be initiated either by a service or placement provider or by the regional DCF office. The general rules regarding the creation of provider agreements are:

- DCF may create agreements with qualified providers based on client need.
- DCF does not promise any certain number of referrals.

services will be used.

- Provider may be profit or non-profit, public or private.
- Providers agree to provide services for DCF clients at an agreed upon rate.
- Each Provider Agreement (for non-placement type services) shall have a start and end date involving, at most, a five year period. Placement type services are reviewed yearly, but their continuation is based on their license renewal.

List of Services

Adoptive Family Assessment and Preparation Child Abuse Pediatric Specialty Evaluation Child/Youth Mentorship Counseling Family Services Coordination Family Support Services Home Study: General In-Home Family Treatment Parenting Assessment Parenting Education Psychological Testing Respite Care Staff Secure Facility Transportation, Non-Medical

Service descriptions start on page 4.

Becoming a Provider of Placement Types

Creating a Provider Agreement for a placement type is only one part of the licensing/contracting process. Prospective providers must:

- First, Determine Need Talk with DCF Administration (the Permanency Program Administrator) to see if there is a need for this particular type of placement. If there is need, proceed.
- Second, prospective providers must provide a business plan to the Provider Agreement Specialist which includes:
 - 1. Purpose of the Facility
 - 2. Prospective address of the Facility
 - 3. Staffing Plan
 - 4. Program Plan
 - 5. Policies and Procedures
 - 6. Estimated Budget
 - 7. Letters of Support from entities in the community where the facility will be located (entities such as school, law enforcement, CWCMP foster care contractor)
- Third, Complete Licensing and Provider Agreement Requirements If the placement type is
 one requiring a license, contact the DCF licensing unit to obtain a license which ensures the
 facility is meeting environmental and safety standards; and...
 Contact the region's Provider Agreement Specialist to start the process for a provider
 agreement. The Specialist will do the initial assessment of the facility to ensure it meets
 DCF programming standards. Signing the provider agreement means the provider agrees to
 accept the established rate for this type of placement.
- Fourth, Sub-Contract Once the provider agreement is approved and the license has been obtained (where applicable), providers must subcontract with the current FC contractors. The Specialist can supply the current FC contractor's contact information.

List of Placement Types

See the $Placement\ Service\ Standards\ (\underline{http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx}\)$ for detailed descriptions of each placement type.

Child Placing Agencies managing Family Foster Homes
Community Integration Program (CIP)
Emergency Shelters
Residential Maternity Care (RMC)
Secure Care
Staff Secure Facility
Transitional Living Programs (TLP)
Youth residential Care I (YRCI)
Youth Residential Care II (YRCII)

ADOPTIVE FAMILY ASSESSMENT AND PREPARATION

Definition

An adoptive family assessment and preparation summary is the primary document used in a Best Interest Staffing to determine if a family is the most appropriate adoptive resource for a child. The process includes a review of all written material, including TIPS-MAPP information, and interviews with the family, assessment of the family's ability to parent a child in foster care, and a determination of the appropriateness of the home environment. The summary should provide a thorough picture of the family's strengths, needs, values, attributes and living environment.

An adoptive family assessment and preparation summary is required for all families seeking to sign an Adoptive Placement Agreement for a child, and to request consent for adoption. A foster home study (if done by child placing agencies) may provide significant information, but does not encompass issues and questions to be addressed with the family as a potential adoptive home.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is |
|---|---|
| | satisfied by providing: |
| (A) Licensed social worker, licensed specialist worker, licensed specialist clinical social licensed masters social worker, licensed baccas social worker or licensed associate social licensed by the behavioral sciences regulator. OR (B) licensed clinical marriage and family the defined in K.S.A. 65-6402, and amendments OR (C) licensed marriage and family therapist as in K.S.A. 65-6402, and amendments thereto; OI (D) licensed clinical professional counselor as in K.S.A. 65-5802, and amendments thereto; OI (E) licensed professional counselor as det K.S.A. 65-5802, and amendments thereto; OR (G) licensed psychologist as defined in K.S. 6319, and amendments thereto; OR (G) licensed masters level psychologist as det K.S.A. 74-5362, and amendments thereto; OR (H) licensed clinical psychotherapist as de K.S.A. 74-5363, and amendments thereto; OR (I) a licensed child-placing agency. | st social worker, alaureate worker y board; rapist as thereto; defined R fined in S.A. 65-efined in |
| Two years' experience in adoption service deli | proof of experience |
| Debarment check: | Memo on letterhead (if available) and signed by |
| https://www.sam.gov/portal/SAM/#1 | provider. |
| | Sample memo available on: http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- |
| | Agreements.aspx |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance |
| http://www.ksrevenue.org/taxclearance.html | |

Expectations

The Assessor is expected to have:

- at least one on-site visit to the home in question;
- interviews with all family members living in the home;
- follow-up in any area requiring additional information;
- completion of a written report;

The following information shall be gathered in order to complete an adoption home study report:

- Adoption application
- Marriage/divorce decrees, if applicable and deemed necessary
- Health assessments that address their ability to parent a child
- Release of Information
- Positive discipline agreement
- Floor plan
- Budget
- KBI background checks (updated annually) for adoptive parents
- Child abuse registry checks on all adults in the household (updated annually)
- National Criminal background check (fingerprint check) for adoptive parents
- Criminal records checks for all states of residence for the last 5 years for adoptive parents
- Child abuse registry checks for all states of residence for the last 5 years for all adults in the household.
- TIPS-MAPP completion certificate (for families that are not relatives)
- References (3)
- Verification of financial status

A written report is expected at the completion of the adoptive family assessment and preparation as described in the Client Purchase Agreement. The report will, at a minimum, contain the following sections:

- Description of the prospective adoptive parents, including marital history and current status; health status; employment history; plan of financial support for the child; plan of support for the prospective adoptive family; and criminal history and child abuse and neglect registry checks.
- Understanding of adoption.
- Interest and motivation to adopt.
- Willingness to adopt and level of commitment to the child.
- Understanding of the child's future and anticipated needs.
- Approval/denial to adopt.

When mileage reimbursement involved, odometer start/end readings or print-out from MapQuest showing total miles from start location to end location required with submitted bill for payment.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$60/hour (averaging 10 hours per study)

Mileage reimbursed at State mileage rate when related to completion of the Assessment.

CHILD ABUSE PEDIATRIC SPECIALTY EVALUATION

Definition

Child Abuse Pediatrics is an emerging sub-specialty recently recognized by the American Board of Medical Specialties. The first certification exam occurred in 2009. The need for the sub-specialty arises due to the commonality of child abuse and the difficulty in providing an accurate diagnosis for child protective workers. The evaluation process may consist of phone consultation, case review, or a complete child physical examination.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is satisfied by providing: |
|--|--|
| Certified as a Child Abuse Pediatrician | Copy of certification |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider sample memo available on: http://dcfnet.def.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

Expectations

Each service provider of Child Abuse Pediatric Specialty Evaluation shall perform the following duties as appropriate:

- Provide phone consultation to DCF social workers regarding injury and explanation.
- Conduct case reviews and provide an opinion to the DCF social worker.
- Complete Pediatric Child Abuse exam and provide diagnosis to DCF social worker.
- Maintain contact log consistent with their organization's requirements for each client to include record of duration of service.
- Provide written reports with recommendations or findings relative to the service provided.
- Typical service completed in 1-5 hours.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Kansas Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$150/hour (no limitations)

CHILD/YOUTH MENTORSHIP

Definition

Child/Youth Mentorship services are community-based support services to children and youth. Support services are provided to the client individually, as well as in group meetings, to assist him/her to stay within the law; have successful school/vocational experience; have positive interaction with family, peers, community and employers; develop a healthy lifestyle and positive self-esteem; obtain life skills; understand and respect cultural difference; and stop the cycle of abuse/neglect and become capable, nurturing spouses and parents when ready and planned.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is satisfied by providing: |
|---|---|
| Bachelor's Degree from a four-year college in the area of human services, or two years' experience in working with youth | Copy of college transcript for proof of degree or resume which includes applicable references for proof of experience |
| Age 21 or older | Copy of birth certificate or driver's license |
| Demonstrated ability to teach, be a positive role model, and to work well with other members of the team, i.e., parents or other care givers, social workers, law enforcement, court services staff, school personnel, etc. | Letter(s) of reference |
| Possess a valid driver's license and necessary automobile insurance, for client transportation | Copy of driver's license and proof of insurance |
| At provider's expense, request the following checks*: • Adult Abuse Registry check (no charge), • DCF Child Abuse check (\$10), • KBI registry check (\$20), • Motor Vehicle Report (\$8.70) | Copy of results from each registry check or screening (when "no results to display" occurs, provide screen print of that result) |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider Sample memo available on: http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx) |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

^{*}Contact information for each registry check:

Adult Abuse Registry check web site:

 $\underline{http://www.dcf.ks.gov/services/PPS/Pages/APS/RelatedAPSInfo.aspx}$

Child Abuse and Neglect Central Registry web site:

http://www.dcf.ks.gov/services/PPS/Pages/Child-Abuse-and-Neglect-Central-Registry.aspx

KBI Registry Check:

https://www.kansas.gov/criminalhistory/

Motor Vehicle Report:

https://www.accesskansas.org/ssrv-mvr-ltd/

Expectations

Each service provider of Child/Youth Mentorship shall perform, at minimum, the following duties:

- Participate as a team member in DCF case planning of mentor services and program;
- Limit group size to no more than 15 clients when service is delivered in a group;
- Monitor compliance with curfew, attendance at school, work, AA meetings, etc.;
- Counsel to assist youth in establishing and maintaining a behavioral contract;
- Role model healthy interactions and relationships;
- Teach life and/or parenting skills;
- Facilitate support group meetings and recreational activities;
- Involve youth in positive cultural experience;
- Assist with school activities and issues:
- Locate and encourage use of community resources; and,
- Transport, as needed, to participation in other support services. Written parental permission needed to transport non-custody youth.

Each service provider of Child/Youth Mentorship shall maintain, at minimum, a contact log for each client which includes:

- Description of the service provided,
- Date and time the service was provided,
- Where the service was provided,
- Total time spent providing the service,
- Name of the support worker providing the service,
- When mileage reimbursement applicable, odometer start/end readings or print out from MapQuest showing total miles from start location to end location, and
- Written reports outlining the client's progress and other recommendations will be submitted within the time frames as specified in the PPS 2833 Client Purchase Agreement.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Kansas Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$15/hour

\$5/hour/person for groups (groups limited to 15 members)

plus mileage reimbursed at State mileage rate when related to services provided and/or when worker's base of operation is more than 20 miles from client's home.

COUNSELING

Definition

Counseling interventions are delivered to families or individuals, including children, in a group, family or individual setting. Services may be directed to, but is not necessarily limited to, adjustment to recent changes in status or circumstances, work on interpersonal relationships, work on family relationships including intergenerational, work on relationships with authority figures, assisting in emotional growth, assisting with independent living issues, and changes in behaviors associated with truancy, substance abuse, delinquency, waywardness, abuse/neglect or gang influence.

Provider Minimum Qualifications

| rovider Minimum Qualifications | |
|--|---|
| Qualifications: | Proof of meeting the qualification is |
| | satisfied by providing: |
| Licensed Master's Degree Social Worker; or Licensed Clinical Specialist Social Worker; or Registered Master Level Psychologist; or Licensed Professional Counselor; or Registered Marriage and Family Therapist; or Bachelor's degree with two years' experience and be supervised by someone with one of the above captioned licenses/registrations | Copy of license and/or degree |
| Two years' experience in family based service delivery, or two years' experience being employed by a Licensed Child Placing Agency, a CMHC or a private mental health agency | Work history with contact information |
| At provider's expense, request the following checks*: • Adult Abuse Registry check (no charge), • DCF Child Abuse check (\$10), • KBI registry check (\$20). | Copy of results from each registry check or screening (when "no results to display" occurs, provide screen print of that result) |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) signed by provider. Sample memo available on http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx |
| Kansas Tax Clearance Certificate | Copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

^{*}Contact information for each registry check:

Adult Abuse Registry check web site:

http://www.dcf.ks.gov/services/PPS/Pages/APS/RelatedAPSInfo.aspx

Child Abuse and Neglect Central Registry web site:

http://www.dcf.ks.gov/services/PPS/Pages/Child-Abuse-and-Neglect-Central-Registry.aspx

KBI Registry Check:

https://www.kansas.gov/criminalhistory/

Expectations

• Clearly identify the questions and issues to be addressed consistent with the client goal (outcome) as per the Client Service Agreement;

- Describe the family or individual at time of referral;
- Submit written progress reports as per the Client Service Agreement that outline client's progress and other recommendations; include interpretation of findings with impressions and observations;
- Illustrate the need for case actions/interventions as suggested/recommended;
- Maintain daily contact log for each client which includes description of the service provided, date and time service provided, total time spent providing the service, and family members participating in the service.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Kansas Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$65/hour** (based on Medicaid max rate-confirmed 2/26/15)

Limited to 8 sessions. Assistant Regional Director or designee may approve additional sessions based on written justification from the counselor.

**The Handbook prior to 7/1/15 stated the rate for counseling as \$30/hr per person in group counseling format and \$80/hr for individual counseling. Provider agreements in effect 7/1/15 for counseling services will need to be renegotiated. Any active Client Service Agreements for counseling on 7/1/15 will be paid at their negotiated rate.

FAMILY SERVICES COORDINATION

Definition

Agencies providing Family Services Coordination plan ways to help family's access services to successfully achieve their case plan goals. Service may include assisting and supervising child/parent visitation.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is |
|--|---|
| | satisfied by providing: |
| Agencies must have experience in providing family support | Copies of agency brochures or other narratives |
| services | explaining the agency's history |
| Supervisor of support workers shall possess a Human Services | Copy of college transcript and resume with |
| Degree and have knowledge or experience in family | reference contacts who can verify knowledge |
| preservation services | or experience |
| Debarment check | Memo on letterhead (if available) signed by |
| (https://www.sam.gov/portal/SAM/#1) | provider. |
| | Sample memo available on |
| | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- |
| | Agreements.aspx |
| Kansas Tax Clearance Certificate | Copy of a valid Kansas Certificate of Tax |
| | Clearance obtained through: |
| | (http://www.ksrevenue.org/taxclearance.html) |

Expectations

Employees hired to provide Family Services Coordination shall meet the following qualifications:

- Be at least 18 years of age with a minimum of three years age span between worker and client;
- High school diploma or equivalent;
- Pass KBI, DCF Child Abuse Registry, Adult Abuse Registry, and Motor Vehicle screens;
- Documentation showing that the agency provided training pertaining to the dynamics and indicators of child abuse/neglect;
- Letter(s) of reference showing good communication skills, the ability to follow instructions, and the ability to listen and be non-judgmental;
- Negative TB skin test; and,
- Possess valid driver's license and necessary automobile insurance.

Documentation verifying employees meet these qualifications shall be kept in the agency's files.

Each service provider shall perform, at minimum, the following duties:

- Coordinate with the various agencies, the obtaining of services identified in the Client Service Agreement,
- Provide and follow-up on client referrals,
- Regularly reassess the client's needs in light of services provided,
- Provide crisis intervention services to clients,
- Participate in case planning conferences, and
- Provide services in the client's home.

Each service provider shall maintain, at minimum, the following in their daily contact logs:

- Name of individual receiving services,
- Description of the service provided,
- Date the service was provided,
- Name of the person providing the service,
- Units of service provided,
- When mileage reimbursement involved, odometer start/end readings or print out from MapQuest showing total miles from start location to end location, and
- Written reports submitted as specified in the Client Purchase Agreement.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement including changes in supervisors of support workers—copies of credentials required on any new staff
- ✓ Assurance of credentials for support workers listed in *Expectations* above is maintained in the agency's personnel files. This could be verified by an on-site review of personnel files or by requesting scanned copies of the documentation for a randomly selected 3 support workers (chosen by the Specialist) and a letter from the agency's director listing what documentation is checked and kept in their files for each family support worker providing services under this provider agreement.

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$30.00/hour

plus mileage reimbursed at State mileage rate when related to services provided and/or when worker's base of operation is more than 20 miles from client's home.

FAMILY SUPPORT SERVICES

Definition

Agencies providing Family Support Services assist eligible families for the purpose of maintaining the child in his/her home or reuniting the child with his/her family. Services of the Family Support Worker include, but are not limited to, teaching, modeling and demonstrating basic homemaking skills, parenting skills, positive interaction, and communication skills. Services may include tutoring. Services are delivered in the home or community according to the Case Plan or the Client Purchase Agreement.

Provider Minimum Qualifications

| Qualification: | Proof of meeting the qualification is |
|--|---|
| | satisfied by providing: |
| Agency's Supervision of support workers shall be | Copy of college transcript and work history |
| provided by staff possessing a bachelor's degree | |
| in Human Services with knowledge or experience | |
| in family preservation services | |
| Debarment check | Memo on letterhead signed by provider. |
| (https://www.sam.gov/portal/SAM/#1) | Sample memo available on: |
| (moponi, ii i | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- |
| | Agreements.aspx |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax |
| | Clearance obtained through: |
| | http://www.ksrevenue.org/taxclearance.html |

Expectations

The agency shall maintain documentation to support the following qualifications, at a minimum, of a Family Support Worker hired by the agency to perform such duties:

- Family Support Workers will be at least 18 years of age with a minimum of three years age span between workers and clients and be a high school graduate (or equivalent).
- Family Support Workers shall pass KBI, DCF Child Abuse Registry, Adult Abuse Registry, and Motor Vehicle screens.
- Family Support Workers shall have training pertaining to the dynamics and indicators of child abuse/neglect.
- Family Support Workers shall have a negative TB skin test.
- Family Support Workers, if required to drive, shall possess a valid driver's license and necessary automobile insurance.
- Family Support Workers shall be able to produce references showing they have good communication skills, the ability to follow instructions, and the ability to listen and be non-judgmental.

Duties or activities performed by the service provider include but are not limited to:

- Teach parenting skills through role modeling,
- Help client become networked in local community services,

- Teach parenting skills, home management, money management, meal planning, and food preparation,
- Teach child behavior management through demonstration and supervision, and
- Attend meetings and other activities as directed by the supervisor.

Agencies of Family Support Services shall maintain, at a minimum, the following documentation with regard to services provided:

- Description of the service provided,
- Progress reports that include notes taken during a session,
- Date and time the service was provided,
- Where the service was performed,
- Total time spent providing the service,
- When mileage reimbursement involved, odometer start/end readings or print-out from MapQuest showing total miles from start location to end location, and
- Name of the worker providing the service.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Kansas Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement including changes in supervisors of support workers—copies of credentials required on any new staff
- ✓ Assurance of credentials for support workers listed in *Expectations* above is maintained in the agency's personnel files. This could be verified by an on-site review of personnel files or by requesting scanned copies of the documentation for a randomly selected 3 support workers (chosen by the Specialist) and a letter from the agency's director listing what documentation is checked and kept in their files for each family support worker providing services under this provider agreement.

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$30/hour*

plus mileage reimbursed at State mileage rate when related to services provided and/or when support worker's base of operation is more than 20 miles from the client's home.

*The Handbook prior to 7/1/15 stated the rate for family support services as \$10/hr but allowed for contracting with individual persons rather than agencies. Effective 7/1/15 this service must be with agencies only. Provider agreements in effect 7/1/15 for family support services will need to be renegotiated. Any active Client Service Agreements for family support services on 7/1/15 will be paid at their negotiated rate.

HOME STUDY: GENERAL

Definition

A home study is a written assessment of the person's personal history, family relationships, and home environment. Typically performed by licensed child placing agencies to license a foster home, home studies could be needed for, but are not limited to, the following situations:

- ICPC home study request (unless for adoption—see Home Study-Adoption page);
- Court ordered non-custody CINC cases where the court has ordered DCF to do a home study on a parent or relative; these cases are usually in informal supervision status with the court;
- Domestic cases where the court orders DCF to conduct a home study on each parent to determine residential custody.

Provider Minimum Qualifications

| Qualit | fications: | Proof of meeting the qualification is |
|----------|---|---|
| | | satisfied by providing: |
| Licens | sed Specialist Clinical Social Worker (LSCSW); OR | Copy of license |
| Licens | sed Bachelor or Licensed Master's degree Social | |
| | er who is directly supervised by a LSCSW; OR | |
| | sed Marriage and Family Therapist; OR | |
| | ned Professional Counselor; OR | |
| | ed Master's Degre Counselors registered with the | |
| | ioral Sciences Regularotry Board; OR | |
| | ed Master's Degree Psychologist registered with the | |
| | ioral Science Regulatory Board; OR | |
| | sed Social Worker employed by a Licensed Child | |
| | g Agency with experience in adoption assessments | |
| Two y | ears' experience in family based service delivery. | Resume which includes applicable references |
| | | for proof of experience |
| | ment check: | Memo on letterhead (if available) and signed by |
| https:// | /www.sam.gov/portal/SAM/#1 | provider. |
| | | Sample memo available on: |
| | | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- |
| | | <u>Agreements.aspx</u> |
| Kansa | s Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax |
| | | Clearance obtained through: |
| | | http://www.ksrevenue.org/taxclearance.html |

Expectations

The Social Worker is expected to have:

- at least one on-site visit to the home in question;
- interviews with all family members living in the home;
- follow-up in any area requiring additional information;
- completion of a written report;

A written report is expected at the completion of the home study as described in the Client Purchase Agreement. [If study conducted by Licensed Bachelor or Licensed Master's Degree

Social Worker who is directly supervised by a LSCSW, the LSCSW will sign off on the Home Study report.] The report will, at a minimum, contain the following sections:

- Basis for Home Study
- Motivation to Care for Specific Child
- Specific Needs of the Child
- Social History (description of all household members; relationship of current household members; how each member feels about the placement of an additional child in the family to include impact on sharing rooms, parents time; describe any special needs of household members)
- Marital Status of Caretaker (describe length and stability of relationship; if shared living-unmarried--who will have primary child care responsibility; number of marriages)
- Parenting Ability (describe parenting experience in general; describe strengths and needs in ability to parent specific child(ren); describe discipline practices)
- Support of Extended Family Members/Community
- Educational Needs of the Child
- Child Care Plans
- Physical Characteristic of the Home (describe the number of rooms, number of bedrooms, care and maintenance of the home; if child will share room with a child already in the home, are there any concerns by the parents of child having to share space)
- Employment History
- Finances and Monthly Expenses (can family (household) adequately meet their monthly expenses)
- KBI & Child Abuse Checks
- 3 References (2 should be non-relative)
- Summary and Recommendation (provide a strengths/needs summary of the foster family and their ability to parent the referred child; concerns should be addressed; are there any resources needed by the parent that would assist them in *parenting* the child)

When mileage reimbursement involved, odometer start/end readings required on submitted bill for payment.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$60/hour (averaging 10 hours per study)

Mileage reimbursed at State mileage rate when related to completion of the study.

IN-HOME FAMILY TREATMENT

Definition

In-Home Family Treatment is therapeutic intervention by a qualified provider to help remedy client family problems. The purpose of the intervention is to avoid out-of-home placement, or to facilitate a child's successful return to the family or alternate permanency if out-of-home placement has occurred. The Medicaid eligible child shall be present or the focus of the in-home family treatment. In-home family treatment shall not focus exclusively on the specific clinical issues presented by the Medicaid eligible family members.

In-home family treatment services are not intended to take the place of therapeutic services provided by mental health professionals nor are they intended to meet the needs of children who require well-coordinated treatment efforts due to severe emotional disturbance.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is satisfied by providing: |
|--|---|
| Enrolled Medicaid provider, OR Licensed Master's Degree Social Worker, OR Licensed Marriage and Family Therapist, OR Licensed Professional Counselor, OR Psychiatrist, OR Ph.D. Psychologist, OR Certified Master's Degree Counselor registered with the Behavioral Sciences Regulatory Board, OR Certified Master's Degree Psychologist registered with the Behavioral Science Registry Board | Copy of license and/or registration |
| Two years' experience in family based service delivery. | Resume which includes applicable references for proof of experience |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider Sample memo available on http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

Expectations

Service providers of In-Home Family Treatment provide treatment and interventions which assist the client in reaching the goals of a mutually agreed upon treatment plan.

Each service provider shall maintain, at a minimum, the following documentation:

- Description of the service provided,
- Provide DCF court reports, progress reports, or treatment note summaries as indicated on the Client Purchase Agreement,

- Date and time the service was provided,
- Where the service was provided,
- Total time spent providing the service, and
- Name of the worker providing the service.

Documentation in the treatment plan must support that in-home family treatment is necessary to prevent out-of-home placement or support reunification of a child under 18 years of age.

When mileage reimbursement involved, odometer start/end readings or print-out from MapQuest showing total miles from start location to end location required with submitted bill for payment.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$110/hour (Medicaid rate confirmed 2/24/15)

Plus mileage reimbursed at State mileage rate when related to services provided and/or when worker's base of operation is more than 20 miles from client's home.

No limitations

PARENTING ASSESSMENT

Definition

Parenting assessment services consist of interviews and observations to determine parent(s) ability and commitment to provide safety, stability, trust and nurturing, and/or healing for children.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is |
|--|---|
| | satisfied by providing: |
| Licensed Master's Degree Social Workers, OR | Copy of license or registration |
| Licensed Marriage and Family Therapist, OR | |
| Licensed Professional Counselor, OR | |
| Certified Master's Degree Counselors registered | |
| with the Behavioral Sciences Regulatory Board, | |
| OR | |
| Certified Master's Degree Psychologist registered | |
| with the Behavioral Science Reulatory Board | |
| Two years' experience in family based service | Work history with contact information |
| delivery | |
| Debarment check: | Memo on letterhead (if available) signed by |
| https://www.sam.gov/portal/SAM/#1 | provider |
| and the state of t | Sample memo available on: |
| | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- |
| | Agreements.aspx |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax |
| | Clearance obtained through: |
| | http://www.ksrevenue.org/taxclearance.html |

Expectations

Individuals providing Parenting Assessment shall interview parent(s) to determine any or all of the following:

- General stability i.e. housing, employment, schooling, finances, safety, etc.
- Social history family relationships, significant losses in childhood, how they were parented/how they feel about that parenting, intergenerational patterns (genogram)
- History of drug/alcohol use; mental illness; domestic violence; child abuse/neglect; out of home placement; criminal behavior.
- Parenting history names, birthdates of children, access to other parent if not in the home, identified strengths/needs of the children and themselves, needs of the children and how capable parent is of providing for those needs.
- Attitudes about parenting expectations, discipline, understanding of nurturing and attachment, supervision, relationship with children, flexibility, boundaries, ability to recognize strengths in children, ability to provide safety, insight about previous parenting

problems, understanding of results of child abuse/neglect on child's development, ability to deal with own trauma issues while parenting.

- Personal interest hobbies, dreams and goals, interaction in the community, support system.
- Strengths/Needs as viewed by evaluator.
- Observations of parents and children together interaction, comfort, attachment.
- Recommendations for Intervention.

A written report is expected at the completion of the assessment. The report will, at a minimum, contain the sections listed above.

When mileage reimbursement involved, odometer start/end readings or print-out from MapQuest showing total miles from start location to end location required with submitted bill for payment.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$60/hour (averaging 10 hours per study)

Plus mileage reimbursed at State mileage rate when transportation is related to completion of the study.

PARENTING EDUCATION

Definition

Parenting education providers will teach parenting skills to parents through a group model to improve and enhance participant's abilities to parent children in a positive/acceptable manner. Services are provided in a teaching/training method and should include, but not be limited to, role play, discussion, audio/visual, written materials, homework assignments or other methods to enhance parenting skills and prevent the occurrence of child abuse/neglect. Services could be both cognitive and affective in learning style.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is |
|--|---|
| Quantiformions. | satisfied by providing: |
| Bachelor's degree from a four year college in the area of human services or education, OR High school diploma with the equivalent of 2 years' experience relevant to parenting education | Copy of college transcript or work history with reference information to confirm experience |
| Certification in curriculum being used | Copy of certification if certification not available provide a detailed description of course to demonstrate your understanding of course objectives |
| Demonstrated ability to teach, be non-judgmental, communicate effectively, and interact effectively in a group setting | Letter(s) of reference |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider. Sample memo available on: http://dcfnet.def.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx) |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

Expectations

Each service provider shall perform, at minimum, the following duties:

- Educate participants in positive and/or non-physical discipline,
- Provide participants tools to assess and meet self needs, and
- Provide community resource information.

Each service provider shall maintain, at minimum, the following documentation:

- Completion of contact log for each client which will include:
 - o name of individual receiving services,
 - o description of services provided,
 - o date/time the services was provided, and
 - o total time spent in providing the services.

• Written reports outlining the client's progress and other recommendations submitted within the time frames specified in the Client Purchase Agreement.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

Individual courses vary* -- In-Person Weekly Classes Average \$35/week, including materials Specify exact costs in Provider Agreement

*The Handbook prior to 7/1/15 stated the rate for parenting education as \$34/hr plus materials. Provider agreements in effect 7/1/15 for parenting education will need to be renegotiated. Any active Client Service Agreements for parenting education on 7/1/15 will be paid at their negotiated rate.

PSYCHOLOGICAL TESTING

Definition

Psychological testing consists of using established psychological tests, procedures, and techniques with the intent of assessing and evaluating a child's intellectual, emotional, cognitive, and social functioning. The results of such testing are used to diagnose problems and establish treatment plans.

Provider Minimum Qualifications

| Qι | ualifications: | Proof of meeting the qualification is satisfied by providing: |
|----|--|---|
| | Iaster's Level Psychologist, OR hD Level Psychologist | Copy of college transcript |
| Er | nrolled or employed by an approved Medicaid provider | Screen print displaying Medicaid Provider ID# |
| | ebarment check: .tps://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider. Sample memo available on: http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx |
| Ka | ansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax Clearance obtained through: http://www.ksrevenue.org/taxclearance.html |

Expectations

Each service provider shall perform, at a minimum, the following duties:

- Administer psychological tests as needed,
- Interpret completed tests,
- Identify presenting problems and reason for referral,
- Describe the child's functioning at the time of testing.
- Define the need for initiating/continuing intervention and/or treatment, and
- Provide written reports of findings, observations, and recommendations.

Each service provider shall maintain, at a minimum, the following documentation:

- Description of the service provided,
- Date and time the service was provided, and
- Total time spent providing the service.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$76/hour (confirmed Medicaid rate 2/24/15)
Limited to 4 hours, every two-year period

RESPITE

Definition

Respite is the temporary care of the child in a setting providing 24 hour care to give relief to the family. Homes must be KDHE licensed or approved as a Family Foster Home; the provider agreement will be established with the Child Placing Agency (CPA) sponsoring the home.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is | |
|---|---|--|
| | satisfied by providing: | |
| Licensed as a Child Placing Agency (CPA) | Copy of license | |
| CPAs will maintain in their files copies of Family Foster Home license/approval which includes verification the | | |
| home passed KBI, Child Abuse Registry, Adult Abuse Registry, and Motor Vehicle screens. | | |
| Debarment check: | Memo on letterhead (if available) and signed by | |
| https://www.sam.gov/portal/SAM/#1 | provider. | |
| | Sample memo available on: | |
| | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider- | |
| | <u>Agreements.aspx</u> | |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax | |
| | Clearance obtained through: | |
| | http://www.ksrevenue.org/taxclearance.html | |

Expectations

Homes providing respite care shall provide minimally sufficient care and supervision, including but not limited to, food, shelter, daily care, guidance and nurturance, and necessary transportation.

For every foster home providing respite under this agreement, the Child Placing Agency will maintain in their files a copy of the Family Foster Home license/approval.

Each Child Placing Agency shall maintain, at minimum, the following documentation for every respite service provided:

- Description of the placement (name(s) on the foster home license),
- Child being placed there,
- Dates of placement,
- Placement location, and
- When mileage reimbursement applicable, odometer start/end readings or print-out from MapQuest showing total miles from start location to end location included with billing.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$32.72/day* (confirmed 3/6/15 as average reported in encounter data for service dates July-Dec2014) plus mileage reimbursed at State mileage rate when provider transporting child more than 20 miles from licensed foster home location.

*The Handbook prior to 7/1/15 stated the rate for respite as \$32.66/day. Any active Client Purchase Agreements for respite on 7/1/15 will be paid at their current rate.

STAFF SECURE FACILITY

Definition

A Staff Secure Facility (SSF) provides a safe and secure placement for juvenile victims of human trafficking. Law Enforcement who places a child/youth in police protective custody can directly place the child/youth in SSF. The Secretary of the Department for Children and Families (DCF) can place a child/youth in DCF custody in a SSF. Child Welfare Case Management Providers (CWCMP) may also place victims of human trafficking in a SSF when victim identification was discovered by the CWCMP during an open foster care referral.

NOTE: When placement is made by the CWCMP, DCF will not be paying for the SSF placement.

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is |
|---|---|
| | satisfied by providing: |
| Licensed as a Staff Secure Facility through DCF licensing | Copy of license |
| division | |
| Meet the DCF/PPS Placement Standards and | Obtained through completion of provider |
| Requirements in the Child Welfare Handbook for Client | agreement process. |
| Purchases | |
| Debarment check: | Memo on letterhead (if available) and signed by |
| https://www.sam.gov/portal/SAM/#1 | provider |
| | sample memo available on: |
| | http://dcfnet.dcf.ks.gov/Ops/GC/Pages/OGCContractsPage.aspx |
| | |
| Kansas Tax Clearance Certificate | copy of a valid Kansas Certificate of Tax |
| | Clearance obtained through: |
| | http://www.ksrevenue.org/taxclearance.html |

Expectations

A Staff Secure Facility shall:

- 1. not include construction features designed to physically restrict the movements and activities of residents, but shall have a design, structure, interior and exterior environment, and furnishings to promote a safe, comfortable and therapeutic environment for the residents;
- 2. implement written policies and procedures that include the use of a combination of supervision, inspection and accountability to promote safe and orderly operations;
- 3. rely on locked entrances and delayed-exit mechanisms to secure the facility, and implement reasonable rules restricting entrance to and egress from the facility;
- 4. implement written policies and procedures for staff monitoring of all facility entrances and exits:
- 5. implement written policies and procedures for the screening and searching of both residents and visitors;
- 6. implement written policies and procedures for knowing the whereabouts of all residents at all times and for handling runaways and unauthorized absences; and

7. implement written policies and procedures for determining when the movements and activities of individual residents may, for treatment purposes, be restricted or subject to control through the use of intensive staff supervision.

A staff secure facility shall provide the following services to children placed in such facility as appropriate, for the duration of the placement:

- Case management;
- Life skills training;
- Health care;
- Mental health counseling;
- Substance abuse screening and treatment; and
- Any other appropriate services.

A staff secure facility may be on the same premises as that of another licensed facility. If the staff secure facility is on the same premises as that of another licensed facility, the living unit of the staff secure facility shall be maintained in a separate, self-contained unit. No staff secure facility shall be in a city or county jail.

Staff secure facility directors shall:

- have at least a master's degree in social work or a related field, or have a bachelor's degree in social worker, human development and family life, psychology, or education and a minimum of three years of supervisory experience within a child care agency;
- ensure staff ratios do not exceed 1:7 during waking hours and 1:11 during sleeping hours;
- arrange for 24-hour awake staff to insure child safety.

Staff secure facility supervisors shall:

- have at a minimum 8 hours of training regarding counseling and assisting victims of human trafficking and sexual exploitation;
- have 32 hours of training before assuming independent supervisory responsibilities.
- have 40 hours of training per year.

Staff secure facility care providers shall:

- be at least 21 years of age with a minimum of three years age difference between the care provider and the oldest resident who can be admitted to the facility;
- have at least a high school diploma or its equivalent;
- have at a minimum three semester hours of college level study in adolescent development, psychology, or a related subject;
- have one year experience as a care provider or house parent in a facility service youth of the same age;
- have 40 hours of training per year.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Kansas Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

NOTE: Although this is a placement type service, the Provider Agreement Specialist will conduct yearly on-site reviews, performing checks and walk-thru as is required at the initial creation of a provider agreement. Yearly reviews are typically the responsibility of the CWCMP, but since this service is purchased for children and youth outside the foster care contract, monitoring for conformity to standards will be the responsibility of the Provider Agreement Specialist.

Maximum Rate and Limitations

\$500/day for the first 72 hours, excluding holidays and weekends \$225/day for the days that follow, through end of stay (client must be in DCF custody)

TRANSPORTATION, NON-MEDICAL

Definition

Non-Medical Transportation can be provided by an agency or an individual and consists of rides to non-medical destinations for adults or children involved in the case plan.

[To provide non-emergent medical transportation, contact the Managed Care Organizations administering KanCare (Kansas' Medicaid program). Contact information can be found at this site: http://www.kancare.ks.gov/health-plan-info.htm.]

Provider Minimum Qualifications

| Qualifications: | Proof of meeting the qualification is satisfied by providing: |
|--|--|
| Valid Driver's License | Copy of driver's license |
| Proof of Insurance | Copy of insurance card |
| At provider's expense, request the following checks*: • Adult Abuse Registry check (no control of the provider) that the provider of the prov | screening (when "no results to display" occurs, |
| Debarment check: https://www.sam.gov/portal/SAM/#1 | Memo on letterhead (if available) and signed by provider. Sample memo available on: http://dcfnet.dcf.ks.gov/Ops/GC/Pages/Provider-Agreements.aspx |
| Kansas Tax Clearance Certificate | Copy of a valid Kansas Certificate of Tax Clearance obtained through: (http://www.ksrevenue.org/taxclearance.html) |

^{*}Contact information for each registry check:

Adult Abuse Registry check web site:

http://www.dcf.ks.gov/services/PPS/Pages/APS/RelatedAPSInfo.aspx

Child Abuse and Neglect Central Registry web site:

http://www.dcf.ks.gov/services/PPS/Pages/Child-Abuse-and-Neglect-Central-Registry.aspx

KBI Registry Check:

https://www.kansas.gov/criminalhistory/

Motor Vehicle Report:

https://www.accesskansas.org/ssrv-mvr-ltd/

Expectations

Providers shall offer reliable, on-time transportation as per Client Purchase Agreement. All DCF client passengers must be properly secured in the vehicle with seat belts, car seats, etc.

Each service provider shall maintain, at minimum, the following documentation:

• Description of the service provided;

- Date and time the service was provided;
- Destination of service and purpose;
- Total miles driven documented with odometer start/end readings or print-out from MapQuest showing total miles from start location to end location; and
- Name of the driver.

Provider Agreement Reviews

DCF-PPS will conduct, at minimum, a yearly review of any provider agreement created for this service. The following will be requested and/or reviewed:

- ✓ New Debarment memo
- ✓ New Tax Clearance Certificate
- ✓ Changes, if any, to general information on the provider agreement

Throughout the year, a provider's ability to meet case plan goals applied to each individualized Client Purchase Agreement will be accessed by the social worker requesting the service and communicated to the provider as needed.

Maximum Rate and Limitations

\$0.56/mile (rate verified 2/25/15, State mileage rate) no limitations



Strong Families Make a Strong Kansas